

Department of Workforce Services - Blind Services Grant
February 1, 2018 - September 31, 2018
Budget Narrative and Itemization Form

Please itemize, detail, and describe each line item for the funding period requested in the Budget Detail Form. You may expand the cells as necessary to provide data.

Organization:		
Category I Administrative Expenses <small>Note: Total Administrative costs must not exceed 10% of the total.</small>	Itemized Details of Total Grant Funds Requested	Funds Requested
1. Indirect Costs		
Total Category I Program Expenses		\$0
Category II Program Expenses		
1. Salaries		
2. Fringe Benefits		
3. Travel/Transportation		
4. Space Costs		
5. Utilities		
6. Communications (printing, copying, phone, postage)		
7. Equipment/Furniture		
8. Supplies		
8. Miscellaneous		
9. Conferences/Workshops		
10. Insurance		
11. Professional Fees/Contract Services		
Total Category II Program Expenses		\$0
Total Expenses Category I and II		
		\$0